

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Geo A WadsworthName of deceased Gertrude M. CrockerAge 63 years _____ months _____ daysPlace of death Pharmacia B.Date of death June 28-36Cause of death Acute BronchitisInterment at SouthburyDate permit issued Jan July 1-36

Certified by _____ M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Jan Clark
(Office issuing permit)

City or Town of South Gough Mass.

Name of deceased Gertrude M. Clark

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough
(Name of cemetery or crematory)

on February 2 - 1934

Certified by Adelbert E. Collins
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 20

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to A E Collins

Name of deceased Peter Rossi

Age 66 years — months — days

Place of death Southboro Mass

Date of death Feb 9 - 36

Cause of death Carcinoma of Stomach

Interment at South Cong

Date permit issued Feb 11 - 36

Certified by Clyde J Merrill M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Tom Gless
(Office issuing permit)City or Town of South County Mass.Name of deceased Peter P. P. P.If a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough Mass.
(Name of cemetery or crematory)on February 12 - 1936Certified by Adelbert E. Collins
(Signature of Superintendent, cemetery or ~~crematory~~)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Jacobs

Name of deceased

Mathias J. Vale

Age

87

years

6

months

days

Place of death

San Mateo

Date of death

July 24 - 36

Cause of death

Arterial N. aneurysm

Interment at

San Mateo

Date permit issued

July 26 - 36

Certified by

Clyde H. Merrill

M.D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Ja. Cookman

Name of deceased

Charlath. Vary

Age

77

years

4

months

days

Place of death

Southbury

Date of death

March 16 - 1936

Cause of death

Myocardial Crisis

Interment at

Port Dover Ont. Can

Date permit issued

Mar. 17 - 36

Certified by

Rolando Munk

M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Tom Black

(Office issuing permit)

City or Town of

Southbury

Mass.

Name of deceased

Charlotte VaryIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at

Port Dover Cemetery, Port Dover, Ont.

(Name of cemetery or crematory)

on

Mar. 18 / 36

Certified by

W. B. Thompson

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Adelbert CollinsName of deceased Edward Ellsworth ChaseAge 70 years months 20 daysPlace of death Pearl St. Southboro. Mass.Date of death March 20. 1936Cause of death Hemorrhage (Cerebral Apoplexy)Interment at Rural Cemetery SouthboroDate permit issued March 21. 1936Certified by Robert S. Newton M.D.

No. 6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter M. OrffuttName of deceased Edward Ellsworth ChaseAge 70 years 20 months 20 daysPlace of death Southboro.Date of death Mar. 20 1936Cause of death Hemorrhage cerebral (apoplexy)Interment at Rural Cemetery, Southboro.Date permit issued 2nd March 24 1936

Certified by _____ M.D.

For removal from ~~plot~~ to another
in same lot in Rural Cemetery

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Edward Ellsworth ChaseIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural, Southboro
(Name of cemetery or crematory)on Mar. 22, 1936.Certified by Walter H. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Edward Ellsworth ChaseIf a U. S. War Veteran, specify what war, organization,
etc. —**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at

Rural, Southboro, Mass.
(Name of cemetery or crematory)

on

Mar. 24, 1936

Certified by

Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Second Permit issued
A.B. Mallon

No. 7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J Brown

Name of deceased Anna Maria Santella

Age 72 years 8 months — days

Place of death Southboro Mass.

Date of death April 12, 1936

Cause of death Arterio Sclerosis, Chronic myocarditis

Interment at Immaculate Conception, Marlboro,

Date permit issued April 13, 1936

Certified by John J. Kelly M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Anna Maria SantellaIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Immaculate Conception Cemetery
(Name of cemetery or crematory)on April 14, 1926Certified by John J. Fletcher
(Signature of Superintendent, cemetery or crematory)

Officer in charge, undertaker should sign and return this stub.

No. 8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Thos. F. CallananName of deceased Mrs Mary T. BrockAge 76 years 5 months 21 daysPlace of death Wood St. Southboro, MassDate of death June 7, 1936Cause of death Chronic myocarditis, Chr. Arterio
Sclerosis.Interment at St John's Cemetery, Hopkinton.Date permit issued June 7, 1936Certified by Roland S. Newton M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary F. BrockIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat St. John's Hopkinton
(Name of cemetery or crematory)on June 9 1934Certified by James H. O'Brien
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Irving N. Harper.Name of deceased Eveline M. Morey.Age 72 years 2 months 26 daysPlace of death Southboro, Mass.Date of death Aug. 21, 1936Cause of death arteriosclerosis
myocarditis chronic
coronary sclerosisInterment at Easthampton Mass.Date permit issued Aug 25, 1936Certified by William D. Roche M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ellen M. MoreyIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Brookside Cemetery Easthampton
(Name of cemetery or crematory) Maon Aug 6, 1936Certified by Edward Kuebler
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Thomas F. CallananName of deceased Francis LibertyAge 87 years _____ months _____ daysPlace of death SaundersDate of death 8-7-36Cause of death General Arterio-sclerosisInterment at St. John's Cemetery ^{South}Date permit issued 8-9-36Certified by Hugh Falsam M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Marcus LibertyIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat St John Hapbuntar
(Name of cemetery or crematory)on Aug 10 1989Certified by James H. Buei
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Wm. M. TigheName of deceased Johanna B. MaleyAge 69 years _____ months _____ daysPlace of death Southboro. Mass.Date of death August-9. 1936Cause of death 1. Coronary Thrombosis
2. Carcinoma of StomachInterment at Rural CemeteryDate permit issued August 10 1936Certified by C. W. Smith M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro. Mass.

Name of deceased

Johanna Maley.If a U./S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro,
(Name of cemetery or crematory) Mass.on Aug. 12, 1936.

Certified by

J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

721

Copy sent Flint Michigan

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Flint Michigan Undertaking CoName of deceased William KellyAge 57 years — months — daysPlace of death Flint MichiganDate of death June 30 1936Cause of death Coronary EmbolismInterment at Rural Cemetery SouthDate permit issued To Flint Michigan Undertaking Co
August 16 1936Certified by ? M.D.

Permit granted to Flint Michigan No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Wm. Kelly

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural
(Name of cemetery or crematory)

on Monday Aug 31, 1936

Certified by Mr. O. F. Smith
(Signature of Superintendent, cemetery or crematory)

Telephone
If there is no officer in charge, undertaker should sign and return this stub.

Body Shipped from Flint Michigan

No

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to F. F. Callahan

Name of deceased Esther M. McCollegan

Age 76 years months days

Place of death Southville Rd. Cordwelle Mass

Date of death Sept 15 1936 - 9³⁰ am

Cause of death *General Arteriosclerosis*
Cerebral Hemorrhage

Interment at St John's Cemetery
Shapton. Mass

Date permit issued Sept 16 1936

Certified by Walter F. Mahoney M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Esther M. Mc ColliganIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms -

at St John's Hopkinton
(Name of cemetery or crematory)on Sept 17 1934Certified by James H O'Brien
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1936No. 44**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Gibbs Funeral ServiceName of deceased H. Louise SunbergAge 57 years 9 months 19 daysPlace of death Woodland Rd Southboro. Mass.Date of death December 4. '36 10⁴⁵ PmCause of death Hypertension - Cerebral HemorrhageInterment at Rural Cemetery. TownDate permit issued Dec 5, 1936Certified by Hugh Fobson M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased H. Louise SundbergIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro
(Name of cemetery or crematory)on Dec. 6, 1936.Certified by H. M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1937.

No. 1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to H. L. GerryName of deceased William A. AndrewsAge 75 years 6 months 11 daysPlace of death SouthvilleDate of death Feb 13. 1937Cause of death Epilepsy, Arterio SclerosisInterment at Rural.Date permit issued Feb 14. 1937Certified by Roland S. Newton M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased William A. AndrewsIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on February, 16, 1937.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M. Tighe

Name of deceased Charles Delanda

Age 75 years _____ months _____ days

Place of death Layville. Mass

Date of death April 8. 1937

Cause of death Coronary Sclerosis

Interment at Rural Cemetery

Date permit issued April 9. 1937

Certified by Walter Mahoney M.D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Charles DeLucaIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on April 10, 1937.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Arthur H. DohertyName of deceased William F. Lormann
31 Denison Ave. Framingham, Mass.Age 32 years 9 months 13 daysPlace of death Woodch Rd. SouthboroDate of death Feb 13 - 1937Cause of death Punctured left lung.
Fracture of ribs upper left side
Auto accidentInterment at St Francis Xavier Cemetery
WeymouthDate permit issued Feb 15, 1937Certified by Dr Walter Mahoney M.D.
Weymouth, Mass.

No. 4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William LegheName of deceased Elizabeth Cantello EastmanAge 75 years 1 months 3 daysPlace of death Fayrallo. Mass.Date of death April 30, 1937Cause of death Sudden (Coronary Sclerosis)
accident - april 9th 37Interment at RuralDate permit issued April 30thCertified by Dr. Walter Mahoney M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Elizabeth C. EastmanIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on May 2, 1937.Certified by H. M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer GageName of deceased Daniel Fales BigelowAge 77 years 9 months 24 daysPlace of death Ward R.L. Otis Corner SouthboroDate of death May 17, 1937Cause of death Myocarditis, Apoplexy
Arterio SclerosisInterment at RuralDate permit issued May 18, 1937Certified by D. W. Smith M.D.
Marlboro.

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

or Town of Southboro Mass.of deceased Daniel Hales Bigelow

U. S. War Veteran, specify what war, organization,

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this
it was disposed of in accordance with its termsRural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on May 20, 1937.Certified by Halter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Mr Offutt.Ashes of
Name of deceased Wesley A. O'HenryAge 63 years — months — daysPlace of death New JerseyDate of death Jan 28. 1937Cause of death Coronary ThrombosisInterment at Rural CemeteryDate permit issued May 26, 1937Certified by M. L. Howard M.D.
London. N. J.

No. 7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John Cunningham

Name of deceased Julia Carrigan Cochrane

Age 66 years 3 months 28 days

Place of death Maple St. Fayville

Date of death May 30, 1937

Cause of death Arteriosclerosis; Cerebral Hem

Interment at Rural Cemetery

Date permit issued May 31, 1937

Certified by Dr. Hugh Folsom. M.D.

No. 7**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Julia B. CochraneIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on June 2, 1937.Certified by Walter M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Charles E. Bagley

Age 51 years 8 months 20 days

Place of death Southboro.

Date of death June 20. 1937

Cause of death Coronary Thrombosis
Pulmonary Embolus

Interment at Rural Cemetery

Date permit issued June 21. 1937

Certified by Hugh Talson M.D.

No. 8**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Charles E. BagleyIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural
(Name of cemetery or crematory)on June 22, 1937Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer Gage

Name of deceased

Joanna Alderson

Age

70

years

3

months

10

days

Place of death

Newton St Southerno

Date of death

June 29. 1937

Cause of death

Carcinomatosis ⁽²⁾

Interment at

Myocarditis ⁽²⁾
Rural Cemetery

Date permit issued

June 30. 1937.

Certified by

Oleiver G. Tinkham M.D.Commonwealth Ave.
Boston, Mass.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Johnna AldersonIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural, Southboro, Mass.

(Name of cemetery or crematory)

on July 1, 1937.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. A. Coolson FramminghamName of deceased Albert WillardAge 69 years _____ months _____ daysPlace of death Fayville Mass.Date of death August 10 1937Cause of death Cerebral Hemorrhage,
Arterio Sclerosis.Interment at Rural CemeteryDate permit issued Aug 12 1937.Certified by Roy S. Morse. M.D.

No. 10**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert WillardIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural, Southboro, Mass.
(Name of cemetery or crematory)on August 12, 1937Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter OffuttName of deceased ashes of
Mar RiceAge 73 years 16 months 5 daysPlace of death Seattle, WashingtonDate of death July 1937Cause of death Acute myocarditisInterment at Royal CemeteryDate permit issued August 12, 37Certified by Dr. F. M. Carroll M.D.
Seattle, Wash.

No. 11**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Somerset Mass.Name of deceased Mary RiceIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural, Southern Mass.
(Name of cemetery or crematory)on August 14, 1937Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Tighe & SonName of deceased Harris CoxAge 23 years _____ months _____ daysPlace of death Durant OklahomaDate of death Sept 1, 1937Cause of death Fractured SkullInterment at RuralDate permit issued Sept 4, 1937Certified by Elsie Cooker - M.D.Board of Health
Durant, Okla.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Harris CoxIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at

Rural, Southboro, Mass
(Name of cemetery or crematory)

on

September 5, 1937

Certified by

W. Moffitt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William A. TigheName of deceased Chas S. SibleyAge 74 years 8 months — daysPlace of death Sourthville, Mass.Date of death Sept - 13 - 1937Cause of death Arteriosclerosis
arteriosclerotic Heart Disease
Congestive FailureInterment at Evergreen Cemetery
Leominster, Mass.Date permit issued Sept 14, 1937Certified by Hugh Folsom M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Charles S. SibleyIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Evergreen Cemetery, Leominster, Mass.
(Name of cemetery or crematory)on Sept. 16 - 1937Certified by James Beegh, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 14**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Amey E. JayenAge 49 years 5 months — daysPlace of death Edgewood R. SouthboroDate of death Oct-1. 1937Cause of death Coronary SclerosisInterment at Rural CemeteryDate permit issued Oct-2. 1937Certified by Walter C. Mahoney M.D.
Med. Examiner

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Amey E. TaylorIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro

(Name of cemetery or crematory)

on Oct. 23, 1937Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Sarah Crosby Cameron

Age

53

years

3

months

28

days

Place of death

Parkville Rd. Southville

Date of death

Oct 5, 1937

Cause of death

Myocarditis - Chronic
Senile Arteriosclerosis

Interment at

Greenlawn Cemetery
Salem, Mass.

Date permit issued

Oct 5, 1937

Certified by

Dr. Roland Newton M.D.

No. 15**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Sarah C. CameronIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Greenlawn Cemetery
(Name of cemetery or crematory)on Oct-8 1937Certified by Charles F. Ropes
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TjheName of deceased Abbie Dorr JonesAge 73 years — months — daysPlace of death Southville, massDate of death Oct 20 1937Cause of death Pneumonia - Bronchiae
Influenza.Interment at RuralDate permit issued Oct-21-1937Certified by Rolando S. Newton M.D.

No. 16**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Abbie Dorr JonesIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery Southboro

(Name of cemetery or crematory)

on Oct. 27, 1934Certified by Valter M. Coffin

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 17**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer GageName of deceased Helen S. MetcalfAge 59 years 4 months daysPlace of death Sacchboro Mass.Date of death Oct 23, 1937Cause of death Chronic Ulcerative Colitis
Secondary AnemiaInterment at Rural J.Date permit issued Oct 25, 1937Certified by Dr Hugh Folson M.D.

No. 17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Helena S. Metcalf

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 26, 1937.

Certified by Walter M. C. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 18**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Walter B. MingoAge 71 years 7 months 13 daysPlace of death Main St. SouthboroDate of death Nov 3. 1937Cause of death Ulcer ofInterment at Mt Auburn Cambridge

Date permit issued _____

Certified by _____ M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Walter G. MingoIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Mount Auburn Cemetery
(Name of cemetery or crematory)on November 6, 1937Certified by John F. Pearson
(Signature of Superintendent, cemetery or crematory) *m.b.*

If there is no officer in charge, undertaker should sign and return this stub.

No. 19**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to M. C. McNeillName of deceased Louise MitchellAge 82 years _____ months _____ daysPlace of death Pleasant St., FayvilleDate of death Nov 20, 1937Cause of death Coronary SclerosisInterment at Rural CemeteryDate permit issued Nov 22, 1937Certified by Walter Mahoney M.D.

No. 19**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Heath

(Office issuing permit)

City or Town of Southborough Mass.Name of deceased Louis MitchellIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery Southborough,
(Name of cemetery or crematory)on November 23, 1937.Certified by Valter M. Gifford
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 20.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John A Cunningham.

Name of deceased John Cochran.

Age 63 years 10 months 10 days

Place of death Fayetteville

Date of death Dec. 4, 1939

Cause of death Coronary Sclerosis

Interment at Rural Cemetery

Date permit issued Dec 5.

Certified by Dr Walter Mahoney M.D.

No. 70**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John B CochraneIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Pine Cemetery Southboro
(Name of cemetery or crematory)on Dec. 6, 1937Certified by Nathan M. Hunt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 21

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. S. Waterman Co.

Boston Mass.

Name of deceased William W. Barber

Age 72 years — months — days

Place of death Southboro Mass.

Date of death Dec. 7. 1937

Cause of death General Arteriosclerosis

Coronary Sclerosis

Thrombosis

Congestive Heart Failure

Interment at Rural Cemetery.

Date permit issued Dec. 7. 1937

Certified by Dr. Hugh Folsom M.D.

No. 21**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro, Mass.Name of deceased BarberIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Kurai Cemetery, Southboro,

(Name of cemetery or crematory)

on Dec. 9, 1937Certified by J. M. C. Hutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 22**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hannah G. WryeIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on December 28, 1937Certified by J. M. Coffin
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 231938**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William T. Harold TigheName of deceased Camilo AspersiAge 67 years _____ months _____ daysPlace of death FayettevilleDate of death Jan 18, 1938Cause of death Coronary SclerosisInterment at RuralDate permit issued Jan 19, 1938Certified by Walter Mahoney M.D.

No. 203**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Lamille AspesiIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro,
(Name of cemetery or crematory)on January 20, 1938.Certified by Walter M. Offutt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Wm. T. Hamed Tighe

Name of deceased

Mrs. Mary C. McDonald

Age

67

years

11

months

days

Place of death

Middle Rd. Southboro

Date of death

Jan. 26, 1935

Cause of death

Cerebral sclerosis

Interment at

River Cemetery

Date permit issued

Jan. 26, 1935

Certified by

Arch. F. Brown

M.D.

No. 24**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Mrs Mary C. McDonaldIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on January 29, 1938Certified by Walter M. C. Hull
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938No. 4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. A. CooksonName of deceased Katherine MullenAge 71 years — months — daysPlace of death FayettevilleDate of death April 8, 1938Cause of death Arteriosclerosis withParalysis Agitans. ArteriosclerosisMyocarditis. Broncho PneumoniaInterment at Rural CemeteryDate permit issued April 9, 1938Certified by Dr. Hugh Folsom M.D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Kathleen MullinIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on April 11, 1938.

Certified by

Walter M. O'Hart
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 2.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner Gage - Marlboro Mass.

Name of deceased Angelina F. Newton

Age 87 years 13 months 13 days

Place of death Central St - Fayville

Date of death March 21, 1938

Cause of death Arterio Sclerosis

Interment at Maplewood Cem. Marlboro

Date permit issued Mar. 22, 1938

Certified by Richard S. Newton M.D.

1938No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to L. Brooks Saville,
Arlington.

Name of deceased Richard Francis Burns,

Age 81 years — months 12 days

Place of death Southboro, Mass.

Date of death April 11, 1938

Cause of death Coronary Thrombosis.

Interment at Hale St. Cem. Beverly.

Date permit issued April 11, 1938

Certified by William H. Amiral M.D.

No. 51**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Richard Francis BurnsIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Central
(Name of cemetery or crematory)on April 13, 1938Certified by George A. Appleton, Supt.
(Signature of Superintendent, cemetery or crematory) *asm*

If there is no officer in charge, undertaker should sign and return this stub.

1938No. 6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to T. F. Callahan & SonName of deceased Daniel F. HarringtonAge 68 years — months — daysPlace of death SouthvilleDate of death April 9, 1938Cause of death Cerebral HemorrhagesSenile Arterio Sclerosis
Interment at Rural CemeteryDate permit issued April 11, 1938Certified by Dr. Walter F. Mahoney M.D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Daniel F. HarringtonIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on April 12, 1938.Certified by Walter M. O'Hall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank E. PhilletName of deceased John W. PillockAge 76 years 8 months 0 daysPlace of death SouthboroDate of death Apr 29, 1938Cause of death Coronary SclerosisInterment at Rural Cem SouthboroDate permit issued Apr 30,Certified by Walter J. Mahoney M.D.

No. 7**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John W. WillockIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at

Rural Cemetery, Southboro
(Name of cemetery or crematory)

on

May 1, 1938

Certified by

Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Catharine E. McGrath

Age

66

years

1

months

29

days

Place of death

Marlboro Hospital

Date of death

May 13, 1938

Cause of death

General Atherosclerosis
Paralysis agitans

Interment at

Immaculate Conception Marlboro

Date permit issued

May 15, 1938

Certified by

Dr. Hugh Folsom

M.D.

No. 8**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Catherine Elizabeth McQuathIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)on May 16, 1938Certified by John F. Fletcher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938No. 9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TigueName of deceased Eliza A. (Fay.) BaconAge 95 years — months — daysPlace of death Southboro MassDate of death June 9, 1938Cause of death Arterio Sclerosis ChronicInterment at Rural CemeteryDate permit issued June 10, 1938Certified by Dr Roland S. Newton M.D.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eliza A. (Fay) BaconIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on June 12, 1938Certified by J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TigheName of deceased Thomas C. MonahanAge 15 years 9 months — daysPlace of death Southborough MassDate of death June 14, 1938Cause of death Asphyxiation by accidental
drowningInterment at Immaculate Conception MchboroDate permit issued June 15, 1938Certified by Dr Walter Mahoney M.D.

1938

No. 11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

of ashes from U.S.A. to Nova Scotia

Issued to

Sumner C. Gage

Name of deceased

Walter Gordon MingoAge 71 years 7 months 13 days

Place of death

Main St. Southboro

Date of death

November 3, 1937 ^{cremated} on Nov. 7

Cause of death

Stomach ulcers, perforating

Interment at

Greenfield, Nova Scotia

Date permit issued

June 23, 1938

Certified by

M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to

(JAMES F. TELFER James F. Telfer
(Office issuing permit)

City or Town of

Southboro

Mass.

U.S.

Name of deceased

Walter G. MingoIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the ^{ashes}~~body~~ accompanying this
permit was disposed of in accordance with its terms

at

Greenfield Queens Co N.H.
(Name of cemetery or crematory)

on

July 2nd 1938

Certified by

Andson Freeman public H
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased James Appleton Thayer Jr.Age 14 years 3 months 13 daysPlace of death Wilson Point Norwalk Conn.Date of death July 5. 1938Cause of death Asphyxia due to strangulation
caused by hangingInterment at Rural CemeteryDate permit issued July 8. 1938Certified by W. H. McMahon, M.D. Med Exam
South Norwalk Conn. M.D.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James Appleton Thayer Jr.If a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery Southboro
(Name of cemetery or crematory)on July 8, 1938.Certified by W. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Lantman & Hughes Inc. N.J.Name of deceased George H. BarberAge 43 years 4 months 29 daysPlace of death N.J. State HospitalDate of death Aug 4. 1938Cause of death Alcoholic cirrhosis of liver. Acute hemorrhagic gastroenteritis 2nd day to the cirrhosisInterment at Rural CemeteryDate permit issued Aug 6 1938Certified by Joseph Donovan M.D.

No. 14**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased George H. BarkerIf a U. S. War Veteran, specify what war, organization,
etc. World War**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery Southboro
(Name of cemetery or crematory)on Aug. 6, 1938Certified by St. M. O'Hall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. GageName of deceased Herbert B. HowardAge 67 years 11 months 22 daysPlace of death SouthboroDate of death August 4, 1938Cause of death Cerebral hemorrhage (Pagets Disease)Interment at Rural CemeteryDate permit issued Aug 6 1938Certified by Dr. Shur (Moulboro) M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hubert B. HowardIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on Aug. 7, 1938.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 15

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. F. Callanan & SonName of deceased Lawrence D. FinnAge 75 years — months — daysPlace of death SouthboroDate of death Sept 10. 1938Cause of death Sudden death presumably
Coronary SclerosisInterment at Rural CemeteryDate permit issued Sept 11 1938Certified by Walter F Mahoney M.D.

No. 15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH
(Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased Lawrence D. Finn

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on September 13, 1938.

Certified by N. M. Effett
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

George H. Greggson

Name of deceased

Warner Olund

Age

58

years

months

days

Place of death

Stockholm Sweden

Date of death

Aug 6 1938

Cause of death

Cardiac Artero Sclerosis

Interment at

Brunel Cemetery

Date permit issued

Oct 10 1938

Certified by

M.D.

No. 16**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Harner GlendIf a U. S. War Veteran, specify what war, organization,
etc. AGE. 59 yrs. 4 mo. 27 days
MAY 10, 1879
AUG 6, 1938**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on October 13, 1938.Certified by N. M. O'Hara
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 17

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to F. A. CooksonName of deceased James D. BruceAge 71 years — months — daysPlace of death SouthvilleDate of death Oct 30. 1938Cause of death Pernicious AnemiaInterment at Edgell RdDate permit issued Nov. 1. 1938Certified by W. H. Lane M.D.

No. 17**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased James D. BruceIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Edgell Grove Framingham

(Name of cemetery or crematory)

on Nov. 2. 1938Certified by E. A. Hales

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

18

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe
Name of deceased Mary E. Creamer
Age 81 years 9 months 7 days
Place of death Fairville
Date of death Nov. 14. 1938
Cause of death Myocarditis
Interment at Mt. Auburn Hopkinton
Date permit issued Nov. 15 1938
Certified by Roland Newton M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Scituate Mass.Name of deceased Mary E. CreanerIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Auburn Cemetery, Hopkinton, Mass
(Name of cemetery or crematory)on November 16, 1938Certified by Albert E. Boyne, Caretaker
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

19

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Apolonia Minnucci

Age

82

years

10

months

days

Place of death

Fayville

Date of death

Nov 18, 1938

Cause of death

Ch. Myocarditis

Interment at

Rural Cemetery

Date permit issued

Nov. 19 1938

Certified by

Walter F. Mahoney

M.D.

No. 19**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Euphonia MinnelliIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on November 20, 1938.Certified by K. M. O'Neil

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

20

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

George A. Wadsworth

Name of deceased

Joseph Masterson

Age

83

years

4

months

28

days

Place of death

Cordville Road, Southboro

Date of death

November 22, 1938

Cause of death

Myocarditis chronic

Interment at

Edgell Grove, Framingham

Date permit issued

November 24, 1938

Certified by

Roland Newton

M.D.

No. 20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Joseph Masterson

If a U. S. War Veteran, specify what war, organization,

etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Edgell Grove
(Name of cemetery or crematory)

on

Nov. 25, 1938

Certified by

E. A. Hales
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 21**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to W.E. McViffName of deceased Andrei MitchellAge 43 years — months — daysPlace of death FayvilleDate of death Dec 24 1938Cause of death Rheumatic heart disease
(ascites)Interment at Rural CemeteryDate permit issued Dec 25 1938Certified by Theo M. Poirier M.D.

No. 21**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Andrie MitchellIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Southboro, Mass. (Rural Cemetery)
(Name of cemetery or crematory)on December 26, 1938.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Harriet G. WrayAge 78 years 1 months 3 daysPlace of death Newton St Southboro.Date of death Dec. 26 . 1937Cause of death MyocarditisInterment at RuralDate permit issued Dec 28. 1938Certified by Dr Roland Newton M.D.

1939

No. 1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowe

Name of deceased

William J. Boland

Age

75

years

4

months

3

days

Place of death

Southboro

Date of death

Jan. 3. 1939

Cause of death

Arterio Sclerosis (Myocarditis)

Interment at

Rural Cemetery

Date permit issued

Jan. 5 1939

Certified by

William J. Delaney

M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased William J. BolandIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Southboro, Mass. Rural Cemetery.

(Name of cemetery or crematory)

on January 7, 1939.Certified by H. M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

B. S. Eastman

Name of deceased

Ellen Freeman Gay

Age

73

years

8

months

14

days

Place of death

Wolf Hill Farm

Date of death

Jan. 20, 1939

Cause of death

Cerebral Hemorrhage

Interment at

Mt. Auburn Cem. Cambridge

Date permit issued

Jan. 21, 1939

Certified by

Hugh Folsom

M.D.

No. 3**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ellen Freeman GayIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Mt. Auburn Cemetery
(Name of cemetery or crematory)on January 23. 1939Certified by J. F. Peterson
(Signature of Superintendent, cemetery or crematory)
E. J. O.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Short & WilliamsonName of deceased William R. BrownellAge 77 years - months 6 daysPlace of death Southboro MassDate of death January 27 1939Cause of death Broncho pneumoniaInterment at Rural CemeteryDate permit issued January 28 1939Certified by Hugh Folsom M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William T. BrownellIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on January 29, 1939.Certified by Walter M. O'Neill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage, MarlboroName of deceased Gertrude L. BigelowAge 68 years 11 months 1 daysPlace of death Oak Hill RoadDate of death Feb. 8, 1939Cause of death Carcinoma right breastInterment at Woodlawn cemetery
Attleboro, Mass.Date permit issued Feb. 9, 1939Certified by Carlton Crosby M.D.
Frammingham

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. F. Callanan & Son'sName of deceased John HaleyAge 75 years months daysPlace of death SouthboroDate of death Feb. 10, 1939Cause of death Coronary SclerosisInterment at St. John's Cemetery
Hopkinton, MassDate permit issued Feb. 11, 1939Certified by Walter F. Mahoney M.D.
Uestboro, Mass

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John HaleyIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat S O Graham Burial Home
(Name of cemetery or crematory)on Feb 18 1989Certified by James McKenna
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Vernon E. Morrill

Name of deceased

Harry Onthank

Age

79

years

10

months

23

days

Place of death

Howard, R.I.

Date of death

March 4, 1939

Cause of death

BronchopneumoniaSen. arteriosclerosis

Interment at

Rural Cem. Southboro

Date permit issued

March 7, 1939

Certified by

Rayson P. Crank

M.D.

No. 6**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harry OnthaukIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on March 7, 1939.Certified by J. M. O'Hall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Misses Ledoux

Name of deceased

Delia C. Ledoux

Age

76

years

8

months

18

days

Place of death

New St. Southboro

Date of death

March 21/1939

Cause of death

Reliculus ept sarcina
of Council Broncho Pneumonia

Interment at

Nashua N. H.

Date permit issued

March 22, 1939

Certified by

Dr. David D. Shes

M.D.

No. 9**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southton Mass.Name of deceased Ruby A. CuttingIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Edgell Grove Framingham
(Name of cemetery or crematory)on April 7. 1939Certified by E. A. Stales
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

Sarah A. Hapgood

Age

78

years

7

months

15

days

Place of death

Oak Hill Road

Date of death

April 3, 1939

Cause of death

Pernicious anemia

Interment at

Main Street Cemetery
Hudson, Mass.

Date permit issued

April 4, 1939

Certified by

Chiron H. Smith
Marlboro, Mass.

M.D.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Sumner C. Gage

Name of deceased

Ruby A. Cutting

Age

74

years

5

months

4

days

Place of death

Southboro

Date of death

April 4, 1939

Cause of death

General Arterio Sclerosis

Interment at

Edgell Grove Framingham

Date permit issued

April 6, 1939

Certified by

Charles L. Butler Jr. M.D.
Marlboro

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter CollinsName of deceased Ida T. NewtonAge 86 years 8 months 13 daysPlace of death Mobile, Orchard Ala.Date of death Nov. 8, 1939Cause of death (Hypertensive heart disease)Interment at Rural CemeteryDate permit issued June 20 1939 ✓Certified by A. M. Cowden M.D.

No. 10**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ida T. NewtonIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro
(Name of cemetery or crematory)on June 22, 1939.Certified by Walter M. Hoff
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

For County Use

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only.

1. PLACE OF DEATHCounty Mobile

Beat No. _____

City or Town Orchard, Ala.

No. _____

Street _____

R.F.D. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1a. PLACE OF RESIDENCE: State AlabamaLength of residence where death occurred 86 yrs. 8 mos. 12 days

(Usual place of abode)

County Mobile

Beat _____

City or Town Orchard, Ala.

No. _____

Street _____

R.F.D. 1**2. FULL NAME** Ida J Newton**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**Female**4. Color or Race**White**5. Single, Married, Widowed, or**Widowed

Divorced (write the word)

5a. If married, widowed, or divorced**HUSBAND of****(or) WIFE of**Henry Newton of Sattleboro'**6. DATE OF BIRTH (month, day, and year)** Feb. 26, 1852**7. AGE**

Years

Months

Days

If LESS than

86812

1 day, _____ hrs.

or _____ min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Domestic**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.****10. Date deceased last worked at this occupation (month and year)****11. Total time (years) spent in this occupation****12. BIRTHPLACE (city or town)** Southborough Mass.
(State or country) Mass.**FATHER****13. NAME** Ira Fales**14. BIRTHPLACE (city or town)** D.K. Holden
(State or country) Mass.**MOTHER****15. MAIDEN NAME** Adeline King**16. BIRTHPLACE (city or town)** D.K. Salem
(State or country) Mass.**17. INFORMANT** Mrs. J.N. Leonard
(Address) Crichton Ala.**18. BURIAL, CREMATION, OR REMOVAL**Place Macon, GeorgiaDate Nov. 9, 1938**SIGNATURE OF****19. UNDERTAKER** Higgins Mortuary License No. _____
(Address) _____**20**

Filed _____, 193

Registrar

Burial or Transit
Permit Issued by _____Reg. Dis-
trict No. _____Certi-
cate No. _____

To Be Inserted By Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, and year)** Nov. 31, 1938**22. I HEREBY CERTIFY, That I attended deceased from**Oct. 24, 1938 to Nov. 3, 1938I last saw her alive on Nov. 7, 1938, death is saidto have occurred on the date stated above, at 4 A.m.**THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES of importance in order of onset were as follows:**Paralysis**Duration of Condition**

Yrs. Mo. Da.

7**CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause:**Hypertensive heart disease2Was an operation performed? NO Date of _____

For what disease or injury? _____

What test confirmed diagnosis Clenical Was there an autopsy? _____**23. If death was due to external causes (VIOLENCE) fill in also the following:**

Accident, suicide, or homicide? _____ Date of injury? _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in **INDUSTRY**, in **HOME**, or in **PUBLIC PLACE**

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Am Cowden, M. D.19____ (Address) Crichton

Date of Issue _____

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Robert Bice

Name of deceased

Curtis R. Knight

Age

51

years

—

months

—

days

Place of death

Southboro Mass

Date of death

July 15, 1939

Cause of death

(C.A. of Lung) Myocardial Failure

Interment at

Walnut Hill Burialine

Date permit issued

July 18, 1939

Certified by

Patterson R. Crosby

M.D.

No. 11**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.Name of deceased Curtis R. KnightIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Walnut Hills
(Name of cemetery or crematory)on July 17 1939Certified by H B Fisher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner C. SageName of deceased Minifred C. WalkerAge 39 years 10 months 12 daysPlace of death Oak Hill Road Fayette
Carcinoma of RectumDate of death July 18-39Cause of death Carcinoma of RectumInterment at Burial Cam. SouthDate permit issued July 18-39Certified by Thomas Cuddy M.D.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Winifred C. WalkerIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro.
(Name of cemetery or crematory)on July 20, 1939.Certified by Walter H. O'Neill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner C. Sage

Name of deceased

Charles J. Richardson

Age

67

years

11

months

19

days

Place of death

Frammingham & Southbury

Date of death

July17-39

Cause of death

Cerebral Thrombosis

Interment at

Forestdale Cem. Malden
Mass

Date permit issued

July 18-39

Certified by

Clyde W. Merrill M.D.

No. 13

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH

(Office issuing permit)

City or Town of SOUTHDORO Mass.

Name of deceased Charles J. Richardson

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at FOREST DALE CEMETERY
(Name of cemetery or crematory)

on July 19-1939

Certified by Edith S. Gould
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter Offutt

Name of deceased _____

Age _____ years _____ months _____ days

Place of death _____

Date of death _____

Cause of death _____

Interment at _____

Date permit issued Sept 19, 1939

Certified by _____ M.D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

to _____

(Office issuing permit)

City or Town of SOUTHBORO Mass.Name of deceased Tranere ColletteIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at

South Cemetery, Southboro,

(Name of cemetery or crematory)

on

September 20, 1939.

Certified by

Walter M. O'Neil

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



OFFICE OF
THE CEMETERY COMMISSIONERS
SOUTHBOROUGH, MASSACHUSETTS

September 19, 1939

Board of Health,
Southboro, Mass.

Gentlemen: Attn. - Mr. Telfer.

Will you please issue a permit to disinter
remove and reinter the remains of Trancrede Collette,
from the Grave now occupied to a new location in the
cemetery.

We have received authorization for this
transfer from the legal custodian of the body.

Very truly yours,

The Cemetery Commissioners,

By *Walter M. Offutt*
Walter M. Offutt, Supt.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Cora Faulkner Cole

Age

66

years

—

months

1

days

Place of death

Southville Mass.

Date of death

Oct. 13. 1939

Cause of death

(Cerebral Hemorrhage) (Arterio Sclerosis)

Interment at

Rural Cemetery

Date permit issued

Oct. 14. 1939

Certified by

W. J. Cochran

M.D.

Weston Mass.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.Name of deceased Cora Faulkner ColeIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat **RURAL CEMETERY, Southboro, Mass.**

(Name of cemetery or crematory)

on **October 16, 1939.**

Certified by

Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Eugene J. McCarthyName of deceased Agnes DrummondAge 39 years 2 months - daysPlace of death Southboro Mass.Date of death Oct 14. 1939Cause of death Coronary SclerosisInterment at St Josephs. West RoxburyDate permit issued Oct 16. 1939Certified by Walter F. Mahoney M.D.

No. 16**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.

Name of deceased

*Agnes Driscoll*If a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms*West Roxbury, Mass.***ST. JOSEPH CEMETERY**at *James M. Driscoll, Supt.*
(Name of cemetery or crematory)*West Roxbury, Mass.*on **OCT 17 1939****ST. JOSEPH CEMETERY***James M. Driscoll, Supt.*Certified by _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Sumner E. Gage

Name of deceased

Hazel Marie Kiles

Age

12

years

0

months

9

days

Place of death

Marlboro Rd., Southboro

Date of death

October 31, 1939

Cause of death

Fractured skull } from
" " } spine } auto accident
(lumbar)

Interment at

Rural Cemetery

Date permit issued

Nov. 1, 1939

Certified by

M.D.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

to _____

(Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased

Hazel Marie KilesIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on November 2, 1939.

Certified by

Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. GageName of deceased Walter E. MorseAge 60 years 9 months 10 daysPlace of death Main St., SouthboroDate of death Nov. 1, 1939Cause of death Sudden death — presumably
Coronary Sclerosis.Interment at Rocklawn Cemetery, MarlboroDate permit issued Nov. 3, 1939

Certified by _____ M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH

(Office issuing permit)

SOUTHBORO

City or Town of _____ Mass.

Name of deceased Walter E. MorseIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat Rocklawn Cemetery
(Name of cemetery or crematory)on November 4, 1939Certified by Wilbur L. Williams
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. GageName of deceased Addie Belle (Nott) HendersonAge 78 years 2 months 12 daysPlace of death Hammond St, CordavilleDate of death Nov. 14, 1939Cause of death Apoplexy CerebralInterment at Rural Cemetary SouthboroDate permit issued Nov. 14, 1939Certified by Roland S. Newton M.D.

No. _____

BURIAL (OR REMOVAL) PERMIT

This Conpon to be returned immediately, properly endorsed,

Southboro Board of Health
to _____
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Addie Belle (Nutt) Henderson

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

on November 16, 1939.

Certified by Walter H. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Adelbert Edwin Collins

Age

79

years

1

months

12

days

Place of death

Central St Fayette

Date of death

December 8, 1939

Cause of death

Broncho-pneumonia

Interment at

Rural Cemetery

Date permit issued

Dec 9, 1939

Certified by

Roland S. Newton M.D.

No. 20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Adelbert Edwin CollinsIf a U. S. War Veteran, specify what war, organization,
etc. _____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on ~~Nov~~ December 10, 1939.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2221**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to A. W. Folsom & SonName of deceased Paula (Dahl) SundlieAge 76 years 5 months 1 daysPlace of death Southboro MassDate of death Dec 10 1939Cause of death Hypertensive Heart DiseaseInterment at Forest Hills BostonDate permit issued Dec 11. 1939Certified by Hugh Folsom M.D.

No. 2221

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Paula (Dahl) Sundlie

If a U. S. War Veteran, specify what war, organization,
etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY
(Name of cemetery or crematory)

on DEC 12 1939

Certified by Henry S. Adams
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

[Handwritten signature]

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tizho

Name of deceased

James A. Harris

Age

46

years

months

days

Place of death

Southboro

Date of death

Dec 25 1939

Cause of death

Coronary Sclerosis

Interment at

Rural Cemetery

Date permit issued

Dec39

Certified by

Walter Mahoney

M.D.

No. 22

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James A. Harris

If a U. S. War Veteran, specify what war, organization,
etc. World

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southboro, Mass.
(Name of cemetery or crematory)

on December 27, 1939

Certified by Walter M. O'Hall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.